FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Approval

OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden hours per response . .

1.00



### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial

DATE RECEIVED

| 03030300   |                              |                        |              |                      |                               | · **   |              |
|--|------------------------------|------------------------|--------------|----------------------|-------------------------------|--|--------------|
| Name of Offering (☐ check if this is an \$150,000 Subordinated Promissory Note       |                              | <b>O</b> ,             |              | <i>U</i> /           | 11                            |  | _            |
| Filing Under (Check box(es) that apply):   | Rule 504 Rule 50             | )5 🔲 Rule 506          | ☐ Sec        | tion 4(6)            | JLOE /                        | Service Contraction of the Contr | _            |
| Type of Filing: ■ New Filing □ Amend   | ment                         |                        |              |                      | MNV 9                         | 1 2000   |              |
|  | A. BASI                      | C IDENTIFICATI         | ION DATA     | <b>\</b>             | MORIT                         | 6000   | _            |
| 1. Enter the information requested about the   | eissuer                      | •                      |              |                      |                               | f. 11  |              |
| Name of Issuer (☐ check if this is an amer<br>Pacific Property Assets, LLC           | ndment and name has ch       | anged, and indicate    | change.)     |                      |                               | 81 <i>/:/</i>  |              |
| Address of Executive Offices (Number and 19000 MacArthur Blvd., 5th Floor, Newport E |                              | ode)                   |              |                      | er (Including Area)<br>8-9400 | Code)/   | _            |
| Address of Principal Business Operations (N<br>(if different from Executive Offices) | umber and Street, City, same | State, Zip Code)       |              | Telephone Numbersame | er (Including Area            | Code)  | _            |
| Brief Description of Business: Ownership a   | nd Management of Apa         | rtment Buildings       |              |                      |                               |  | _            |
| Type of Business Organization  |                              |                        |              |                      |                               |  |              |
| ☐ corporation  | limited part                 | tnership, already for  | rmed         | other (              | please specify):              |  | _            |
| ☐ business trust   | ☐ limited par                | tnership, to be form   | ed           | Limited L            | iability Company              | BRACECO  | ĭF           |
| Actual or Estimated Date of Incorporation or   | Organization:                | Month 0 3              |              | Year 9 9             | Actual   Estin                | PROCEO   | <b>y</b> 020 |
| Jurisdiction of Incorporation or Organization  | (Enter two-letter U.S.)      | Postal Service abbre   | eviation for | State; C             | Α (                           |  |              |
|  | CN for Canada; FN fo         | or other foreign juris | sdiction)    | ·····                |                               | THOMSON  |              |

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/02)

\*Please note disclaimer in transmittal letter attached.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:              | ■ Promoter                            | Beneficial Owner                     | ■ Executive Officer                   | ☐ Director  | ■ General and/or |
|--|---------------------------------------|--------------------------------------|---------------------------------------|-------------|------------------|
| Check Box(es) that Apply.              | - Homotei                             | Belieficial Owlief                   | Executive Officer                     | Li Director | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
| Stewart, Michael J.                    |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and Str                    | reet, City, State, Zip Code)         |                                       |             |                  |
| 19000 MacArthur I                      | 3lvd., 5 <sup>th</sup> Floor, Ne      | wport Beach, CA 92612                |                                       |             |                  |
| Check Box(es) that Apply:              | <ul><li>Promoter</li></ul>            | <ul> <li>Beneficial Owner</li> </ul> | <ul> <li>Executive Officer</li> </ul> | ☐ Director  | ■ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
| Packard, John J.                       | · · · · · · · · · · · · · · · · · · · |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and St                     | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       | wport Beach, CA 92612                |                                       | ·           |                  |
| Check Box(es) that Apply:              | ☐ Promoter                            | ☐ Beneficial Owner                   | ☐ Executive Officer                   | ☐ Director  | ☐ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and St                     | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Check Box(es) that Apply:              | ☐ Promoter                            | ☐ Beneficial Owner                   | ☐ Executive Officer                   | ☐ Director  | ☐ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and St                     | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       | ·                                    |                                       |             |                  |
| Check Box(es) that Apply:              | ☐ Promoter                            | ☐ Beneficial Owner                   | ☐ Executive Officer                   | Director    | ☐ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
| ************************************** |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and St                     | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       | <u> </u>                             |                                       |             |                  |
| Check Box(es) that Apply:              | ☐ Promoter                            | ☐ Beneficial Owner                   | ☐ Executive Officer                   | ☐ Director  | ☐ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first, i          | f individual)                         |                                      |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ss (Number and St                     | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Check Box(es) that Apply:              | ☐ Promoter                            | ☐ Beneficial Owner                   | ☐ Executive Officer                   | ☐ Director  | ☐ General and/or |
|  |                                       |                                      |                                       |             | Managing Partner |
| Full Name (Last name first,            | f individual)                         |                                      |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |
| Business or Residence Addre            | ess (Number and St                    | reet, City, State, Zip Code)         |                                       |             |                  |
|  |                                       |                                      |                                       |             |                  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|                      |  |  |  |   | В. П         | VFORI                   | MATIC                  | N ABO                 | OUT OI              | FERI                 | NG                     |  |                     |             |
|----------------------|--|--|--|---|--------------|-------------------------|------------------------|-----------------------|---------------------|----------------------|------------------------|--|---------------------|-------------|
| 1. H                 | as the is                              | suer solo                                      | l, or does                                       | s the issu                                  | er intend    | l to sell,              | to non-ac              | ccredited             | investor            | s in this o          | offering?              |  | Yes                 | No<br>•     |
|                      |  |  | •  |   | Answ         | er also ir              | n Append               | lix, Colun            | nn 2, if fil        | ing unde             | r ULOE.                |  |                     |             |
| 2. W                 | /hat is th                             | ne minim                                       | um inve  | stment th                                   | nat will h   | e accept                | ed from :              | anv indiv             | idual?              |                      |                        |  | \$ 10,0             | 000         |
|                      |  | •  |  |   |              |                         |                        |                       |                     |                      |                        |  | Yes                 | No          |
| 3. D                 | oes the                                | offering                                       | permit jo  | int own                                     | ership of    | a single                | unit?                  |                       |                     |                      |                        |  | 1 CS                |             |
| si<br>as<br>de<br>fo | milar ressociated ealer. If or that br | munerati<br>I person<br>more that<br>oker or o | on for so<br>or agent<br>an five (f<br>dealer on | olicitatio<br>of a bro<br>b) persor<br>lly. | n of puro    | chasers in<br>ealer reg | n connec<br>gistered v | tion with<br>with the | sales of<br>SEC and | securitie<br>or with | es in the<br>a state o | ctly or indirectly, any co<br>offering. If a person to b<br>r states, list the name of the<br>ler, you may set forth the | e listed<br>he brol | is an       |
|                      | ame (Las<br>plicable                   | st name fi                                     | rst, if inc                                      | lividual)                                   |              |                         |                        |                       |                     |                      |                        |  |                     |             |
|                      |  | sidence A                                      | Address (1                                       | Number a                                    | and Stree    | t, City, St             | tate, Zip              | Code)                 |                     |                      |                        | · · · · · · · · · · · · · · · · · · ·  |                     |             |
| Name                 | of Assoc                               | iated Bro                                      | ker or D   | ealer                                       |              |                         |                        |                       |                     |                      |                        |  | *                   |             |
|                      |  |  |  |   | ed or Inte   |                         |                        |                       |                     |                      |                        |  | □ All:              | States      |
| [AL]                 | [AK]                                   | [AZ]   | [AR]   | [CA]  | [CO]         | [CT]                    | [DE]                   | [DC]                  | [FL]                | [GA]                 | [HI]                   | [ID]   |                     |             |
| [IL]                 | [IN]                                   | [IA]   | [KS]   | [KY]  | [LA]         | [ME]                    | [MD]                   | [MA]                  | [MI]                | [MN]                 | [MS]                   | [MO]   |                     |             |
| [MT]<br>[RI]         | [NE]<br>(SC)                           | [NV]<br>[SD]                                   | [NH]<br>[TN]                                     | [NJ]<br>[TX]                                | [NM]<br>[UT] | [NY]<br>[VT]            | [NC]<br>[VA]           | [ND]<br>[WA]          | [OH]<br>[WV]        | [OK]<br>[WI]         | [OR]<br>[WY]           | [PA]<br>(PR)   |                     |             |
|                      | ame (Las                               | st name f                                      | irst, if inc                                     | dividual)                                   |              |                         |                        |                       |                     |                      |                        |  |                     | ···         |
| Busine               | ess or Re                              | sidence A                                      | Address (  | Number a                                    | and Stree    | t, City, S              | tate, Zip              | Code)                 |                     |                      |                        |  | <u> </u>            |             |
| Name                 | of Assoc                               | iated Bro                                      | oker or D  | ealer                                       |              |                         |                        |                       |                     |                      |                        | · · · · · · · · · · · · · · · · · · ·  |                     |             |
|                      |  |  |  |   | ed or Inte   |                         |                        |                       |                     |                      |                        |  | - A 11              | ~           |
| [AL]                 | [AK]                                   | ates or c                                      | neck ind<br>[AR]                                 | [CA]  | [CO]         | [CT]                    | [DE]                   | [DC]                  | [FL]                | [GA]                 | [HI]                   | [D]  | ⊒ AII               | States      |
| [IL]                 | [IN]                                   | [IA]   | [KS]   | [KY]  | [LA]         | [ME]                    | [MD]                   | [MA]                  | [MI]                | [MN]                 | [MS]                   | [MO]   |                     |             |
| [MT]                 | [NE]                                   | [NV]   | [NH]   | [NJ]  | [NM]         | [NY]                    | [NC]                   | [ND]                  | [HO]                | [OK]                 | [OR]                   | [PA]   |                     |             |
| [RI]                 | [SC]                                   | [SD]   | [TN]   | [TX]  | [UT]         | [VT]                    | [VA]                   | [WA]                  | [WV]                | [W]]                 | [WY]                   | [PR]   |                     |             |
| Full N               | ame (La                                | st name f                                      | irst, if ind                                     | dividual)                                   |              |                         |                        |                       |                     |                      |                        |  |                     |             |
| Busine               | ess or Re                              | sidence A                                      | Address (  | Number                                      | and Stree    | t, City, S              | tate, Zip              | Code)                 |                     |                      | •                      |  |                     |             |
| Name                 | of Assoc                               | iated Bro                                      | oker or D  | ealer                                       |              |                         | <del></del>            |                       | <del></del>         |                      |                        |  |                     | <del></del> |
|                      |  |  |  |   | ed or Inte   |                         |                        |                       |                     |                      |                        |  | ⊐ All               | States      |
| [AL]                 | [AK]                                   | [AZ]   | [AR]   | [CA]  | [CO]         | [CT]                    | [DE]                   | [DC]                  | [FL]                | [GA]                 | [HI]                   | [ID]   |                     |             |
| [IL]                 | [IN]                                   | [IA]   | [KS]   | [KY]  | [LA]         | [ME]                    | [MD]                   | [MA]                  | [MI]                | [MN]                 | [MS]                   | [MO]   |                     |             |
| [MT]<br>[RI]         | [NE]<br>ISCI                           | [NV]<br>ISDI                                   | [NH]<br>[TN]                                     | [NJ]<br>[TX]                                | [NM]<br>[UT] | [NY]<br>IVTI            | [NC]<br>[VA]           | [ND]<br>[WA]          | (OH)<br>(WV)        | [OK]<br>[W])         | [OR]<br>[WY]           | [PA]<br>[PR]   |                     |             |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN   | D USE OF PRO                | CEEDS                                      |
|----|---|-----------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |  |
|    | Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|    | Debt  | \$150,000                   | \$150,000                                  |
|    | Equity  | \$                          | \$   |
|    | ☐ Common ☐ Preferred  |                             |  |
|    | Convertible Securities (including warrants)   | \$                          | \$   |
|    | Partnership Interests   | \$                          | \$   |
|    | Other (Specify)   | \$                          | \$   |
|    | Total   | \$150,000                   | \$150,000                                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |  |
|    |   | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  | 8                           | \$150,000                                  |
|    | Non-accredited Investors  | 0                           | \$0  |
|    | Total (for filings under Rule 504 only)   | 0                           | \$0  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  |                             |  |
|    | Type of Offering  | Type of<br>Security         | Dollar Amount<br>Sold                      |
|    | Rule 505  | Debt                        | \$ 500,000                                 |
|    | Regulation A  | n/a                         | \$ 0                                       |
|    | Rule 504  | Debt                        | \$_1,000,000                               |
|    | Total   | Debt                        | \$1,500,000                                |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees   |                             | \$   |
|    | Printing and Engraving Costs  |                             | \$500                                      |
|    | Legal Fees  |                             | \$5,000                                    |
|    | Accounting Fees   |                             | \$   |
|    | Engineering Fees  |                             | \$   |
|    | Sales Commissions (Specify finders' fees separately)  |                             | \$   |
|    | Other Expenses (identify) Closing Costs   |                             | \$2,500                                    |
|    | Total   |                             | \$8,000                                    |

|             | C. OFFERING PRICE, NUMBER OF   |   | VD USE OF PRO   | OCEEDS                |
|-------------|--|---|---|-----------------------|
| Q           | Enter the difference between the aggregate offering puestion 1 and total expenses furnished in response to I the "adjusted gross proceeds to the issuer."  |   |   | \$ 142,000            |
| b<br>a<br>m | dicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount in estimate and check the box to the left of the estimate ust be equal to the adjusted gross proceeds to the is uestion 4.b. above. | for any purpose is not known, furnish ate. The total of the payments listed |   | ф <u>142,000</u>      |
|             |  |   | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments To<br>Others |
|             | Salaries and fees  |   | □ \$  | □ \$                  |
|             | Purchase of real estate  |   | □ \$  | □ \$                  |
|             | Purchase, rental or leasing and installation of mac  | hinery and equipment  | □ \$  | <b></b>               |
|             | Construction or leasing of plant buildings and faci  | lities  | □ \$  | <b>\$</b>             |
|             | Acquisition of other businesses (including the value offering that may be used in exchange for the assessment to a margar)   | ets or securities of another issuer   |   |                       |
|             | pursuant to a merger)  |   | □ \$  | □ \$                  |
|             | Repayment of indebtedness  |   | □ \$  | □ \$                  |
|             | Working capital (In the Issuer's business, the applinction include the purchase of real estate)  |   | □ \$  | <b>\$</b> 142,000     |
|             | Other (specify):   |   |   |                       |
|             |  |   | <b>\$</b>   | □ \$                  |
|             | Column Totals  |   | □ \$ <u>0</u>   | ■ \$ <u>142,000</u>   |
|             | Total Payments Listed (column totals added)  |   | # \$_   | 142,000               |
|             | D. FE  | DERAL SIGNATURE   |   |                       |
| follo       | ssuer has duly caused this notice to be signed by the uwing signature constitutes an undertaking by the issuer test of its staff, the information furnished by the issuer to   | to furnish to the U.S. Securities and I                                     | Exchange Commiss                                      | ion, upon written     |
|             | r (Print or Type) ic Property Assets, LLC  | gnature   | Date<br>November                                      | r 10, 2003            |
|             | <b>*</b> '   | tle of Signer (Print or Type) anager  |   |                       |

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)